

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	3					
4	2					
5	/					
6	/					
7	/					
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50						
TOTAL IND.	4					
TOTAL DEP.	12	↔	↔	↔		
TOTAL CLAIMS	16					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS						